Norwegian Afghanistan Committee and ORA International. UNICEF and WHO occasionally provide supplies, and WFP funds food-for-work projects in the area.

2.9 The Tradition of Self-Help and Scope for Social Change

Given their very limited resources and present know-how people in these districts by and large seemed to us to be making the best of their extraordinarily difficult conditions. Not surprisingly, many people seemed worn down by the grinding poverty and endless problems of their lives, but we also met significant numbers of people who seemed to have a will to question and to change their lives. Local authorities were keen to co-operate with us, and are eager to help. Security in the area is consistently good.

2.10 Major Constraints to Meeting Basic Needs

In all three districts the main obstacles to meeting basic needs are:

- shortage of agricultural land;
- poor soil;
- pests, crop and animal diseases;
- inefficient agricultural practices;
- lack of roads and inaccessibility;
- lack of health facilities and basic health knowledge;
- opium addiction;
- altitude and climate.

Some of these constraints, such as climate and altitude, cannot be tackled directly. But there is scope, for example, to change practices to improve yields and make crops and animals less vulnerable to the climate.

3 RECOMMENDATIONS

The urgent priorities that communities expressed were for roads, tackling health problems, food, and the treatment of addiction. The order varied but the same needs were articulated village after village in all three districts. Food received consistently more stress in Sheghnan and Wakhan.

There is no one simple way to unravel such a tightly woven fabric of poverty. Nor will short-term activities make any lasting improvements to people's lives. Any agency which wishes to help these communities address their problems will need to live with people in the area for some time, take a multi-faceted approach, and carefully examine the long-term impact of their activities.

3.1 Improving Agriculture and Animal Husbandry

Agriculture and animal husbandry are the two main and most tangible ways in which people in these districts can make a living, and therefore need particular attention. With some outside guidance and support, the communities we visited have the experience and the will to make improvements in both sectors.

EXECUTIVE SUMMARY

This report presents a summary of the findings of a rapid rural appraisal of Ishkashim, Sheghnan and Wakhan districts in Badakhshan province, Afghanistan, carried out by Afghanaid in mid 1995. The survey was part of our renewed drive to help Afghanistan's poorest rural communities meet their basic needs. It has provided detailed information through which we have been able both to plan a general programme of assistance for those districts, and to select the site for a community development pilot project which began in September 1995.

Communities in all three of these districts face severe hardships from a range of serious problems. Most families in the districts are finding it very difficult simply to meet their basic needs. None of the districts can produce enough food to feed their populations. We estimated that in average years Ishkashim has a two-month food deficit, Sheghnan a three-to-four-month deficit, and Wakhan a five-to-six-month food deficit. Yet there is little scope to generate income with which to buy in food; and imported food is very expensive because of the high cost of transporting it to these remote and inaccessible districts.

Until Afghanaid recently completed a road, Sheghnan had no road link at all to the rest of the province. And the one road linking Ishkashim and Wakhan to the province is regularly cut off by rising rivers and snows. When winter supplies run out, people may face many days of walking through snows and blizzards merely to fetch what food they can carry on their backs. Death by starvation is an ever present spectre for families in the districts, and takes its worst toll in early spring when supplies have run out and crops have not yet ripened.

There are few if any medical facilities. Many babies die at or just after birth. A measles epidemic had been killing scores of people in Wakhan for seven months before health authorities in the provincial capital, Faisabad, even found out about it. They said they could do nothing in response, giving the district's remoteness as the reason. No vaccinations have been carried out in the districts for several years.

The lack of medical help is one reason for the very extensive opium addiction in the area. Opium is used from infancy as a painkiller and cure, "the cure that is in itself a disease," as many local people describe it. We estimate that there is at least one addict in half the households in Wakhan, and in two fifths of households in Ishkashim and Sheghnan. Each year one addict in an average ten-to-twelve-person household spends on opium at least the equivalent of what it would cost to provide wheat for the whole household for three to four months. There was little or no treatment for addiction available in the districts. Most people we spoke to were keen to eliminate opium addiction and said they would support initiatives to do so. Only a little opium is grown in Ishkashim for personal use, but none is grown in Sheghnan or Wakhan.

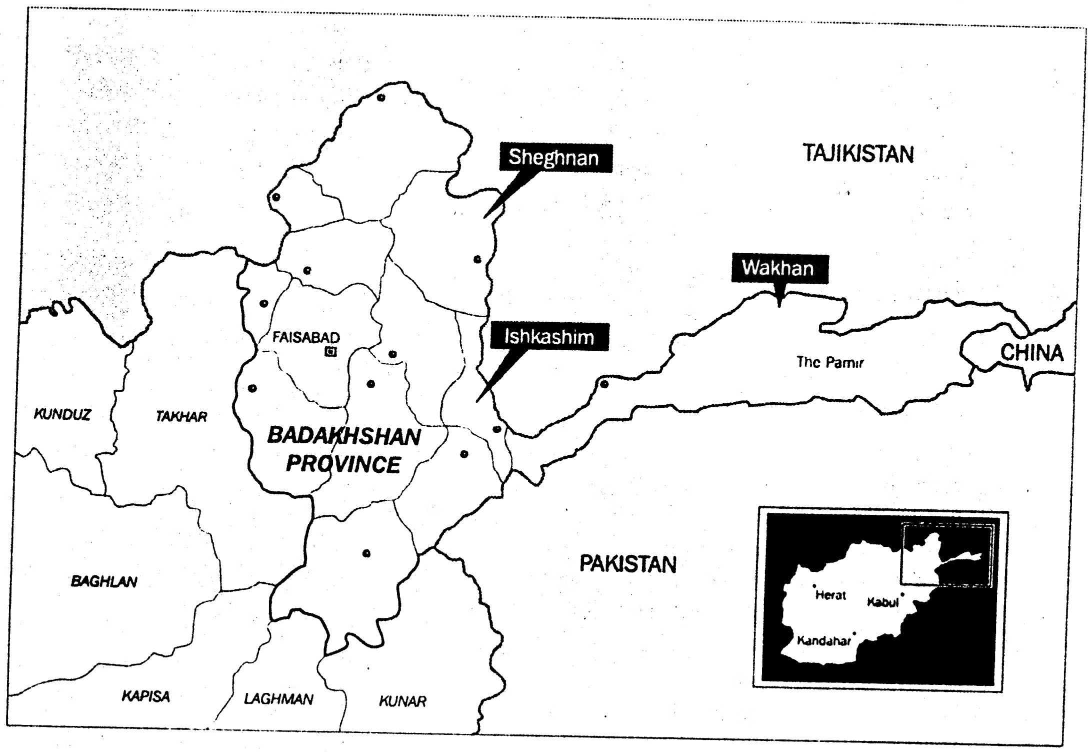
The urgent priorities that communities expressed were for roads, tackling health problems, food, and treating opium addiction. The order varied but the same needs were expressed village after village.

A long-term programme which tackles the root causes of these communities' problems would be feasible and would make a big difference to the lives of people in the districts, improving their food security and health, and reducing opium addiction. This report provides the basis for such a programme.

SUMMARY REPORT ON A RAPID RURAL APPRAISAL

1 BACKGROUND

From 1 June to 8 August 1995 a team of Afghanaid staff carried out a Rapid Rural Appraisal of Ishkashim, Sheghnan and Wakhan districts in Badakhshan province in the north east of Afghanistan. The purpose of the appraisal was to select a site for our community development pilot project, and to help us design a general programme of assistance for the districts. The team visited most villages and met a very wide range of people to collect the information in this report. A woman joined the team for the survey of Sheghnan, enabling them to talk directly to women there.



Ishkashim, Sheghnan and Wakhan are three of Badakhshan's most remote, under-serviced and poor districts. They are extremely inaccessible, sparsely populated and mountainous. The winters are prolonged and severely cold and summers are mild. People in the area are predominantly Dari-speaking Tajiks, although each district has its own spoken language. Most people follow the Ismaili sect of Islam. The Kirghizi inhabitants of the Pamir, in the east of Wakhan district, are an exception; they follow Sunni Islam.

2 FINDINGS

Communities in all three districts face severe problems and have urgent needs. The most basic and chronic problem is the severe food deficit, which cannot be solved in Sheghnan and Wakhan in the near future. Other major problems

include the lack of roads and high transport costs, widespread opium addiction, lack of health facilities, high infant mortality, poor hygiene, an educational system in ruins, and very few employment opportunities. Scores of deaths from measles were terrorising people when we visited Wakhan, rather the usual spectre of hunger or starvation.

2.1 Making a Living

The traditional ways to make a living in the districts are agriculture and animal husbandry. Other sources of income are selling fuel-wood and timber, handicrafts, government employment, and employment in Pakistan and elsewhere. Many families use a mix of these sources to try to get by.

However, most families are finding it very difficult to meet their basic needs. Declining crop yields, the loss of government jobs and of associated subsidies, worsening terms of trade, and population increase are just some of the reasons.

There are also strong constraints on all income-earning activities. Families are forced to balance their budgets by going hungry, or eating the seed they should be planting next season, or even resorting to begging. Some have to sell their land, and work it as share-croppers for someone else. Trapped in this vicious cycle, the poor simply get poorer.

2.2 Food and Nutrition

None of the three districts are currently able to produce enough food for their inhabitants. Using average yields, we estimated that Ishkashim has a two-month food deficit, Sheghnan a three-to-four-month deficit, and Wakhan a five-to-six-month deficit. Families are most vulnerable in spring when winter supplies have run out and the current year's crops have not yet ripened. People try to meet the shortfall by buying in food from outside. They mostly pay for it by selling their livestock, which may reduce their number of animals to dangerously low levels.

Purchasing power in the districts is not only very low but is continuing to decline. Transport costs are high because the districts are remote and inaccessible, and imported goods are consequently expensive; prices rise sharply when travel gets more difficult. Transport is thus a vital factor in achieving food security in all three districts.

Families have to spread food thin to provide daily meals, serving the standard dishes such as *gard-aabeh*, a weak mix of grain and water "which just silences the stomach". A woman in Sheghnan explained:

> *"We try to keep as much of our wheat as possible unmilled because that way when our children demand bread we can tell them we don't have flour."*

Malnutrition among children is common, much of it severe. Diets are poor and leave people vulnerable to disease. Dried mulberries are the only food some families eat during the winter, and that often runs out before spring.

2.3 Health and Health Practices

Measles, dysentery, whooping cough, diarrhoea, tuberculosis, intestinal and respiratory disorders are the main illnesses in the area, and appeared common.

Malaria is not a problem. An epidemic, possibly measles, began in Wakhan in November 1994; by the time it receded in June 1995 the disease had killed hundreds of people – 57 in one village of 47 households alone. "Measles" had also killed many people in Sheghnan that same year.

There are very few medical facilities. There is only one doctor in Ishkashim, one in Sheghnan, and none in Wakhan. There are some clinic buildings in each district but no facilities (except for limited facilities in Ishkashim). The few medicines available are beyond the reach of many local people. There is little help from outside. For instance, it took seven months for the health authorities in the provincial capital, Faisabad, to become aware of the "measles" epidemic in Wakhan. Their response was that the area was too remote for them to send staff to diagnose the disease. *No vaccinations have been carried out in the area for several years.*

Given the lack of medical help, it is not surprising that so many babies die. Girls commonly get pregnant at 16 and often lose their first two babies. We heard of women who had had ten children and only one child survived; one woman had had 21 children, of which only four had survived. Some villages were short of traditional birth attendants. Surprisingly, we were told that maternal mortality was not a serious problem. Mothers still wrap new-born babies in a cloth spread with powdered sheep-dung for warmth.

People seemed rarely to wash themselves or their clothes. This, coupled with the custom of sharing bowls of food and eating by hand, must speed the spread of disease. Drinking water was often contaminated, although people do use the clean springs in Sheghnan and Wakhan when they can.

2.4 Shelter and Clothing

Overcrowding was reported as a problem but we did not come across anyone homeless. The traditional mud-and-stone houses are smoky and stuffy (and must contribute to the respiratory problems common in the area). Most of the clothing we saw people wearing was threadbare or heavily patched. Many people in Wakhan were barefoot (even in the colder weather).

2.5 Fuel and Energy

Wood, peat and dung are the main sources of fuel. Wood is not at the moment a sustainable source (deforestation is a major problem in the area), and using animal dung for fuel deprives the soil of vital fertiliser. Electricity used to be available in Sheghnan from Tajikistan, but was cut off when the Afghans couldn't pay the charges which Tajikistan levied when the Mujahedin came to power. A few houses were using ingeniously designed water-driven generators to supply electricity. There is enough water in all three districts to power flour mills and, in Sheghnan, mulberry mills. There should be scope for more hydro-electric schemes.

2.6 Opium Addiction

Opium addiction is a major problem and is so widespread that it is displacing vital expenditure on food in all three districts. We estimated that there is at least

one addict in half the households of Wakhan, and in two-fifths of households in Ishkashim and Sheghnan. Each year, one addict in an average ten-to-twelve-person household spends on opium at least the equivalent of what it would cost to provide wheat for the whole household for three to four months.

We were told that women and young children were addicted to opium. Opium does appear to be used from infancy as a pain reliever and cure for illnesses. Other reasons given for addiction were "to escape from the worries and pains of life", "to cope with the misery of a bad marriage [women]", "to cope with boredom, particularly in the long, housebound winters", and "pressure from friends".

Merchants bring opium into the area and make big profits from it; very little opium is cultivated locally.

There was little or no treatment for addiction available in the districts when we visited. Most people we spoke to were keen to eliminate opium addiction and said they would support initiatives to do so.

2.7 Women's Lives

Mujahedin rule has brought new restrictions and problems for women. Women in Sheghnan's district centre said they started wearing the *chadari* (full veil) to protect them from "the eyes of the Mujahedin", and that there are instances of Mujahedin in Sheghnan "marrying" girls by force. Marrying girls to older men (for economic reasons) is now apparently more frequent, and fathers who are opium addicts are reported as selling their daughters in marriage to the highest bidder. The community strongly disapproves of this.

Women work very hard both in the home and on farming activities, but generally didn't seem to regard themselves as worse off than the men ("We are all poor. We all lead dogs' lives.") There are few or no occupations for women outside marriage and the home. Teaching is now the only formal profession available for women in the area, but there are few opportunities. Girls are usually made to drop their education shortly before or immediately after marriage. Many women in Sheghnan resent this.

Women appear to head about ten percent of households in the area, either because they have lost their husbands through conflict or disease, or because their husbands have migrated for work. In some villages as many as half the households are woman-headed. The traditional division of labour makes life very difficult for such women. They cannot, for instance, plough their own land and must generally pay half their harvest to the male relative or labourer who ploughs it for them.

2.8 Services and Support

The previous Communist Government recruited heavily from this area and gave it substantial food and other subsidies. The withdrawal of the subsidies and dramatic reduction in government employment in the area have caused many families severe hardship.

Education

Badakhshan was said to have had one of the highest rural literacy rates in Afghanistan, and Sheghnan district had been well known as an exporter of teachers to other parts of the province and country. As elsewhere, the education system in the three districts has drastically deteriorated since the Mujahedin rule: school buildings falling down, teachers paid rarely if at all, equipment and textbooks in short supply, and standards dropping sharply.

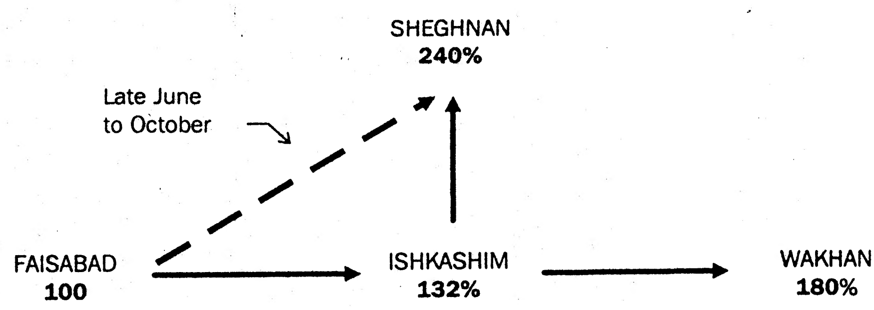
The three districts have lost most of their access to higher education in places like Kabul and Mazar. In spite of these setbacks and the lack of prospects, most people remain enthusiastic about and eager for education.

Communications and Transportation

Many people in the districts (particularly Sheghnan and Wakhan) considered the lack of roads and access a root cause of many of their problems. Until Afghanaid completed a road link to the district in August 1995, Sheghnan had no road link to the rest of the province and accordingly paid the highest price among the three districts for imported food. There is one road connecting Ishkashim to the province's capital but it is in very poor condition and frequently blocked by rising rivers and snows. The road continues from Ishkashim to Wakhan, which is thus entirely dependent on the same road link, and is very vulnerable to snows because of its altitude.

The difficult access and the high cost of transportation add dramatically to the cost of basic goods which have to be imported into the districts, as can be seen from this diagrammatic comparison of wheat prices:

Fig 1 Food supply routes and prices of wheat relative to Faisabad
Travel distances are shown in proportion to each other



Food prices rise sharply in response to road conditions (wheat prices, for instance, went up by 36% in ten days in Ishkashim when the road from Faisabad was blocked by high water levels in July 1995). The only telecommunications in the three districts are one telephone line within Wakhan.

Other Government Services and Agencies

The districts have long suffered neglect by government and other agencies. Apart from Afghanaid, other agencies with some presence in the area are the

Increasing Agricultural Production

Food security can be improved through measures to increase the yields of crops and reduce their vulnerability to cold and disease. These measures may still not however increase agricultural food production sufficiently to cover needs in Sheghnan and Wakhan. Nevertheless, apart from putting more food into the local system, increasing food production would help to reduce food prices and to redress adverse terms of trade, particularly in Wakhan.

Improving Animal Husbandry

The pastures available in Sheghnan and Wakhan give scope for increasing animal husbandry there (albeit the difficult problems of overwintering have to be overcome). Animal husbandry seems to offer better prospects than agriculture for making good the food deficit in these districts. With improved techniques it should be possible to increase the numbers of livestock as well as their products. More livestock can then be traded to meet food shortfalls.

Pastures are more limited in Ishkashim, but are compensated for by the greater scope to increase agricultural production there. Since animal husbandry is the sole occupation in the Pamir, measures to improve it are essential in that area.

Any measures to improve animal husbandry should take great care to involve women, whose traditional roles in the activity may otherwise easily be usurped. **We therefore recommend a more technical and specialised study of the needs, problems, and practices of animal husbandry and appropriate measures to improve it.**

3.2 Generating Income

Activities such as handicrafts might provide more income, but there may not be a ready market for the products and the activities need further study. Other ways of generating incomes should also be explored (Afghanaid has, for instance, successfully introduced beekeeping to other parts of Badakhshan).

Given the number of woman-headed households in the area, it is particularly important to target women for income-generating activities, especially widows and wives of migrant workers.

3.3 Reducing Expenditure

Given the difficulties of increasing food production and of generating incomes, it is important to consider ways in which families could make savings through which they could purchase more food with their current resources. Ready targets for reducing expenditures might be:

- adverse terms of trade.
- high transport costs (see 3.4 below);
- the cost of opium addiction (see 3.5 below);

Improving terms of trade

It should be possible to improve the bargaining power of households and reduce their dependence on itinerant merchants. Growing more food locally and



SUMMARY REPORT

on a RAPID RURAL APPRAISAL carried out in ishkashim, sheghnan and wakhan districts of badakhshan, afghanistan, june to august 1995

Afghanaid

THANK YOU to Haji Ghulam Sarwar Haider, Hamidullah Natiq, Sayed Mahmood, M. Saeed Mokhtarzada, and Sepideh Azarbaijani-Moghaddam, who worked ceaselessly in arduous conditions to collect the information summarised in this report. A full report is also available. Any inaccuracies are entirely the editor's responsibility. Thank you also to the Aga Khan Foundation for backing the survey and for funding it. Above all, we would like to express our appreciation to the people of Ishkashim, Sheghnan and Wakhan districts who so generously shared their homes and, briefly, their lives with us. We hope this report does justice to their courage and endurance.

CONTENTS

building roads which provide better access to markets (with consequent reductions in transport costs) would reduce the need for families to buy food "at any price". Reducing opium addiction would also weaken the overall bargaining position of merchants in the long run. However, these are current conditions. In the future other factors may well emerge which may cause even more adverse terms of trade.

3.4 Constructing Roads

Large undertakings such as road construction and rehabilitation are vital in all three districts to improve accessibility and communications (including for vital services such as vaccinations). As well as providing income during their construction improved roads will reduce transport costs and travel time, and should help to reduce the present dependence on itinerant merchants, especially in Wakhan.

3.5 Reducing Opium Addiction

Co-operation and endorsement

Health personnel in the districts should be involved in any initiative and their co-operation sought. Local authorities should be encouraged to control the supply of opium to the areas (not an easy task). The possible reactions of opium merchants should be thought through – they have a considerable vested interest. The endorsement of religious authorities for any initiative to eliminate addiction would also be very helpful.

Treatment of Addiction

Each district needs trained personnel who can treat addiction and support addicts who wish to come off opium. They will need clinics which have the required medicines and facilities. Supervision and support for addicts after treatment will also of course be necessary.

Reinforcing Mechanisms

Measures which improve the general quality of life for local communities should in the long term remove or reduce some of the factors which contribute to opium addiction. To be effective these measures must include improving general health and health care facilities and increasing food supply.

3.6 Improving Health

Tackling disease and poor infant and maternity care in these districts is as urgent a priority as the shortage of food; together they cause many deaths. A variety of measures are needed.

Carrying Out Vaccination Programmes

Vaccinations are the most urgently needed medical activity. Provincial and district health authorities and health-oriented NGOs will need to co-operate on a programme.

Getting Clinics Working

Health clinics need to be set up (or reactivated) in each district. They have a vital life-saving role which should be brought to the attention of health-oriented NGOs. Infant and maternity care should be high on such clinics' priorities.

Improving Hygiene

Hygiene is a matter of habit and custom. Women are of course the prime carriers of such customs, and the people on whom to focus to make changes. We would suggest training and appointing local women to act as "social change agents". They could help to design and gradually introduce to households a programme covering subjects such as personal cleanliness and food and water hygiene.

Such women would be opening up new vistas for women in their own communities; the programme could thus have more far-reaching effects on how women perceive their roles.

3.7 Education

Many people in these districts still feel very strongly about education and are concerned to see the system restored. NGOs which are experienced in education within Afghanistan should be contacted concerning the possibility of their working in the three districts. Educational initiatives should include adult literacy for women, organised on a informal, voluntary basis because of women's heavy workload.

3.8 On Emergency Food Relief

The situation in the three districts does provide grounds for some form of emergency food relief. Food shortages begin to bite in late winter and persist into the spring (until the next harvest), and can be very severe. Because it may not be possible to deliver food in early spring (due to weather conditions affecting roads) it is vital to bring food supplies into the areas before winter, preferably by mid-October.

However, we recommend food relief should be in the form of food-for-work on projects which would contribute to long-term solutions to the core problems of food shortage and food production.